

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 2 0

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7-1-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 10 to attachment 2.6-A

Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 10 to attachment
2.6-A Page 1

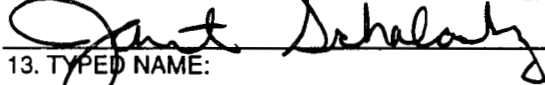
10. SUBJECT OF AMENDMENT:

Resource Exemption for eligibility

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Janet Schalansky is the Governor's
Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

9-28-01

16. RETURN TO:

Janet Schalansky, Secretary
Dept of Social & Rehabilitation Svcs
915 SW Harrison, Room 651S
Topeka, KS 66612**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/28/01

18. DATE APPROVED:

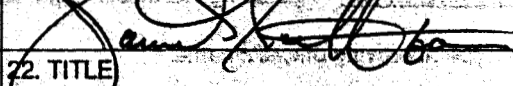
OCT 31 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

cc:
Schalansky
Day
CO

SPA CONTROL

Date Submitted: 09/27/01

Date Received: 09/28/01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kansas

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

The individual must verify that he or she has exhausted all legal remedies for gaining complete access to the principal as well as income of the trust and that all other nonexempt assets have been expended to meet living and medical expenses, including those amounts protected under the allowable resource levels.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is \$ 3,500.00.*

*Under state law, an irrevocable trust for funeral services cannot exceed \$3,500.00. An irrevocable trust for purpose of pre-purchasing burial merchandise (including plots, spaces, vaults, caskets, etc.) can be established for any amount.